SCHOOL OF MEDICINE EXECUTIVE COMMITTEE MEETING
TUESDAY, NOVEMBER 18, 2014
8:00 AM – 9:45 AM MST
ACADEMIC OFFICE ONE, 7TH FLOOR BOARDROOM

MINUTES

COMMITTEE MEMBERS

PARTICIPANTS

GUESTS
Present: Eric Poeschla, Steve Zweck-Bronner

CALL TO ORDER
A quorum of members was present, and the meeting was ready to proceed with business at 8:05 AM MST.

I. APPROVAL OF MINUTES
The October 21, 2014 SOM Executive Committee Meeting minutes were unanimously approved as written.

II. DISCUSSION ITEMS
A. Dean’s Comments
   i. Dr. Krugman thanked all the departments and centers for supporting the Bow Tie Ball. Nearly 1,000 supporters attended the event. Pictures and the evening’s videos highlighting Dr. Krugman and the School can be found at http://www.ucdenver.edu/academics/colleges/medicalschool/administration/bowtiegala/Pages/bowtieball.aspx.
   ii. The last candidate for the School of Medicine Dean/Vice Chancellor of Health Affairs, Mary Klotman, MD, will be visiting the week of November 23rd.
   iii. The search committee for the Chair of Anesthesiology will be meeting with various constituents from Anesthesiology on the morning of December 8.

B. Graduate Medical Education Annual Report – Carol Rumack, MD (Associate Dean for GME)
   i. Dr. Rumack presented her annual graduate medical education report. Some important highlights of GME include:
      1. 76% of total residents and fellows in Colorado are trained at the School of Medicine
      2. Is the largest of 13 sponsoring institutions in the state of Colorado
      3. The 27th largest institution of 687 nationally
      4. Oversees and provides support to approximately 140 program directors, 84 program coordinators, and 1500 faculty
      5. Has maintained consecutive 5 year ACGME accreditation cycle lengths for the past 16 years
      6. There are 139 residency and fellowship programs with 1070 residents and fellows
      7. Average turn-over rate (new and/or transfer) for program coordinators is 14% and program directors is 4%
      8. Total enrollment has moved by approximately 100
      9. The primary care enrollment total is 279
   ii. Residents and fellows of all ACGME accredited and non-ACGME programs are required to complete an annual exit survey. All 367 residents and fellows completed the 2014 survey. Components of the survey include...
satisfaction with training, professionalism, graduate future plans, demographics, and debt. Dr. Rumack reviewed the survey results with the committee.

iii. There are two new ACGME programs and two new non-ACGME programs. Three program site visits for initial accreditation took place and all received continued accreditation.

iv. Duty hour violations during 2013-2014 have improved. Programs have been working on the specific issues.

v. The clinical learning environment review took place in August 2014.

C. Ebola Preparation Update – Eric Poeschla, MD (Professor, Division of Infectious Diseases) and Steve Zweck-Bronner (Managing Sr. Associate University Counsel)

i. Dr. Poeschla reviewed recent epidemic developments and discussed updated guidelines and screening issues. Some of the new developments include the death of the general surgeon from Sierra Leone on November 17 and a new Ebola cluster in Mali. Also taking place in Mali is a study to evaluate the safety and immunogenicity of prime boost VSV Ebola vaccine in healthy adults. Expectations are that the epidemic will persist for a good while (almost certainly for a good portion of 2015), unpredictably timed “waves” of new cases in Africa, with apparent lulls, and importations into the United States.

ii. Steve Zweck-Bronner discussed the University policies in progress:
   1. Four countries require a travel appeal: Guinea, Liberia, Sierra Leone, and Mali.
   2. Staff, Faculty: Requires Provost and Chancellor approval when traveling on official University business.
   3. Students: Highly unlikely that official university travel to participate in clinical care of Ebola patients will be approved.
   4. If faculty travel on their own, the University will not provide paid administrative leave or worker’s compensation benefits.
   5. Faculty will have to receive approval from their chair before taking vacation leave.
   6. University of Colorado Hospital Authority (UCHA) is requiring 21-day stay away from clinical care after return.
   7. In flux: Is the 21 day hiatus only required for staff/faculty engaged in clinical care of Ebola patients, or for any faculty traveling in risk countries?
   8. During the 21 days, faculty will be permitted into the hospital, but not allowed to see patients.
   9. The University is not planning to restrict returning faculty from regular job duties including classroom teaching and research.
   10. Before departing, faculty will be expected to negotiate this 21-day clinical hiatus with his/her department chair to determine feasibility and any possible effect on salary.
   11. Faculty will receive a pre-trip briefing coordinated by OIA regarding travel risks, information from Center for Disease Control and Prevention (CDC), a letter explaining CU’s role (lack of role) and an interview/discussion with ID about best practices etc.
   12. Returning faculty will be required to report to Infectious Disease for an evaluation and interview and to follow recommendations.
   13. ID will coordinate with Colorado Department of Public Health and Environment (CDPHE).
   14. A unified communication from CU, UCHA, CHCO regarding Ebola will be sent to all students, staff, and faculty that will include the request that all individuals notify the Office of International Affairs (OIA) if and when they plan to travel to/from the four countries.
   15. CU and UCHA will share information about traveling individuals.
   16. CHCO still to decide how to handle faculty/staff travel to and from west Africa.

iii. Dr. Poeschla can be reached at ERIC.POESCHLA@UCDENVER.EDU and Steve Zweck-Bronner can be reached at Steve.Zweck-Bronner@ucdenver.edu.

D. Faculty Senate Report - Meghan Dishop, MD (Faculty Senate President-Elect)
1. At the last faculty senate meeting, faculty senators were updated on the status of the dean search and encouraged to attend the dean candidate open forums.
2. Pamela Peterson, MD and Kevin Lillehei, MD provided a report on the council of faculty and academic societies.

E. Veteran Affairs Updates – Thomas Meyer, MD (Associate Dean for VA Health Affairs)
   i. Tom Robinson, MD has been named the new chief of surgery.
   ii. The OR is now fully operational and recruitment is ongoing for six additional surgeons and nine clinical/administration staff to increase surgical ability.
   iii. The new VA medical center is now 50% completed.

III. EXECUTIVE SESSION
   A. Approval Items
      i. All senior clinical appointment and promotions committee actions were approved.

IV. ADJOURNMENT
    There being no further business to come before the meeting, the meeting was adjourned at 9:15 AM MST.

Minutes submitted by Nicole Ganley, Executive Assistant